

# Proposal for Group Critical Illness Cover

Please complete all sections in BLOCK CAPITALS.

If the information you give in this form is different from or changes the information on which we based the quotation, we may have to revise or withdraw the quotation under the terms of the quotation guarantee. If we've agreed to provide cover before receiving a completed proposal form, the terms, conditions and the basis noted on our accepted quotation will apply. This is until we agree to any changes and revised terms have been accepted in writing. This does not affect our right to cancel a contract from outset if you fail to pay the premium or disclose material information.

The **Group Critical Illness Cover technical guide** is an important document you must read to make sure the policy meets your needs and you understand what you're buying. It includes details of the benefits and when we will and will not pay a claim. Please read this carefully before you complete this form and contact us, or your financial adviser, if you've any questions.

Please fill in all sections and use a separate sheet if you need more space. If you don't give any of this information or you misstate any information, this could affect payments of the benefits under the policy. If you're not sure whether information is relevant, please tell us anyway. A copy of the completed form will be available on request.



## Important

This proposal form uses technical and defined terms. We've shown these in **bold**. You can find the definitions of these words in the technical guide glossary. Please ask us if you have any questions about these.

## 1. Principal employer

If a company, this must be the registered address; if a partnership, the principal business address.

Name:

Address:

Postcode:

Companies House registration number:

Nature of business:

## 2. Participating employers

Are there any other employers participating in the scheme?

Yes  No

**Employer one**

**Employer two**

If 'Yes', please list the registered name, address, number and nature of business of each.

Employer's name:

Address:

Postcode:

Registered number:

Nature of business:

If you have more than two participating employers, the details can be provided on separate cover.

## 3. Previous medical underwriting terms

3.1 Did your previous insurer cover all your eligible employees for their full benefit without applying additional terms?

Additional terms can include an increase to the premium and where cover is; excluded, restricted, postponed or declined (including where medical evidence hasn't been provided)

Yes  No

If 'No', please either:

- attach a copy of the previous insurer's acceptance letter for employees with additional terms; or
- complete and attach a [Declaration – Switch Terms](#) form giving details of the employees with additional terms. You can download this form from [legalandgeneral.com/document library](https://www.legalandgeneral.com/document-library)

Read our quote and technical guide to find out about the employees with additional terms we can cover, and when **medical underwriting** is needed.

## 4. Membership data

Is the **membership** data used for the quotation correct as at the startdate of the **policy**?

Yes  No

If 'No', please provide the correct data.

## 5. Other information

If the quotation contains any assumptions that are not covered by the previous sections of this form, are the assumptions correct?

Yes  No

If 'No', please provide the correct details:

## 6. Payment details

Premium refunds can only be made by direct credit. We'd appreciate if you can let us have your bank account details now as this will avoid unnecessary delays in obtaining your written authority when we pay money to you. We'll always confirm these details are still correct before making payment.

The Principal Employer's bank details:

Payee name:

Sort code:

Account number:

## 7. Financial adviser information

Please provide details of your financial adviser for this policy

Company name:

Address:

Postcode:

## 8. Declaration by the principal employer as grantee of the policy

### Important – please read

#### Data Protection

Use of your information: Legal & General takes your privacy very seriously. We use the personal information collected by this application and any other information we're provided with, for the purposes of:

- Carrying out our responsibilities under any **policy** or agreement you enter into with us, and to provide information, products and services you request.
- To tell you about changes to our services and products.
- To comply with any applicable legal or regulatory requirements.
- For carrying out market research, statistical analysis and customer profiling to help us to improve our processes, products and services.
- To define our actuarial, pricing and underwriting strategies.
- To run our business in an efficient and proper way.
- For any other purpose that we've agreed with you from time to time.

The information that we collect from you may be transferred to, and stored at, a destination outside the United Kingdom (UK) to third-party suppliers, delegates or agents. We'll take all reasonably necessary steps to make sure that the data is treated securely and in accordance with our privacy policy. We'll only transfer the data to a recipient outside the UK where we're permitted to do so by law.

You will need to send us personal information about your employees who are, or become, eligible for cover. This may include medical and health information. You need to satisfy yourself of a legal basis that allows you to send us these details, or consider seeking appropriate consent (explicit consent in the case of medical or health information).

Our full Privacy Policy is available at <https://www.legalandgeneral.com/privacy-policy/>. Please share this with your employees so they understand what we do with the information we collect.

#### Disclosures

We'll disclose when necessary, your information to other companies within the Legal & General group of companies, your financial adviser, our professional advisers, reinsurers, regulatory bodies, government, law enforcement and fraud prevention agencies, future owners of our business, and the third-party suppliers, contractors and service providers we engage to help us provide our services to you.

If you make a claim, we will share information, where necessary, with other insurance companies to prevent fraudulent claims.

We may check details with fraud prevention agencies. If false or inaccurate information is provided and fraud is identified, details may be passed to fraud prevention agencies. Legal & General, law enforcement agencies and other organisations may access and use this information and information from other countries, to prevent fraud and money laundering.

You can contact us at: Group Financial Crime, Legal & General, Knox Court, 10 Fitzalan Place, Cardiff CF24 0TL if you want to receive details of the relevant fraud prevention agencies.

We declare that the information given in this form is complete and correct.

We wish to insure the Group Critical Illness Cover benefits set out in the quotation reference:

dated:  (DD/MM/YYYY)

with effect from:  (DD/MM/YYYY)

(the start date) in accordance with the terms and conditions as detailed in the quotation.

We understand that Legal & General will pay the benefit as a lump sum to us on trust to forward to the **insured employee**.

We confirm that the **scheme earnings**/benefits notified, or to be notified, are correct as at the **policy** start date. We will share Legal & General's [Privacy Policy](#) with the individuals insured.

Signature for policyholder:

X

Name in BLOCK CAPITALS

Date:  (DD/MM/YYYY)

# Contact us



**0345 072 0751**

We may record and monitor calls. Call charges will vary.



**group.protection@landg.com**

**legalandgeneral.com/workplacebenefits**



**Group Protection, Legal & General Assurance Society Limited,  
Knox Court, 10 Fitzalan Place, Cardiff CF24 0TL.**

**Legal & General Assurance Society Limited**

Registered in England and Wales No. 166055.

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Authorised by the Prudential Regulation Authority and regulated by the  
Financial Conduct Authority and the Prudential Regulation Authority.

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